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101 N. MAIN STREET
SUITE 800
ANN ARBOR, MICHIGAN 48104-1476

(734) 913-9300
FACSIMILE (734) 913-6007
jposa@patlaw.com
dwathen@patlaw.com
mbancroft@patlaw.com
jstaple@patlaw.com

FACSIMILE TRANSMISSION

DATE: March 1, 2005

TO: EXAMINER WINNIE YIP

FACSIMILE NO.: 703-872-9306

FROM: John G. Posa

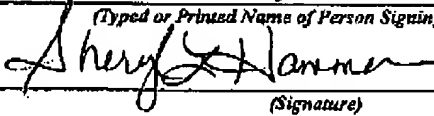
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ORIGINAL DOCUMENTS WILL ____ / WILL NOT ____ FOLLOW BY MAIL

RE: SN 09/597,318

MESSAGE:

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): Venegas, Jr.			IDS-10505/14	
Application No. 09/597,318	Filing Date June 19, 2000	Examiner W. Yip	Group Art Unit 3637	
Invention: STANCHION SLEEVE AND METHOD OF USING SAME				
<p>I hereby certify that this <u>Amendment, Amendment Transmittal Letter</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>)</p> <p>on <u>March 1, 2005</u> (Date)</p> <p style="text-align: right;"><u>Sheryl L. Hammer</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. IDS-10505/14	
Applicant(s): Venegas, Jr.					
Application No. 09/597,318	Filing Date 06/19/2000	Examiner W. Yip	Customer No. 25006	Group Art Unit 3637	Confirmation No. 4057
Invention: STANCHION SLEEVE AND METHOD OF USING SAME					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
John G. Posa Reg. No. 37,424 Gifford, Krass, Cron, Sprinkle et al. PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: March 1, 2005		
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

MAR 01 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Venegas, Jr.

Serial No.: 09/597,318

Group No.: 3635

Filed: June 19, 2000

Examiner: W. Yip

For: STANCHION SLEEVE AND METHOD OF USING SAME

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 1, 2004, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 TROY CENTER DR., SUITE 330, P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (248) 647-8000